

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

## 1. Article Addressed to:

*Bryan A. Brooks, Esq.  
Law Office of Bryan A. Brooks LLC  
5425 Peachtree Parkway  
Suite 167  
Peachtree Corners Ga 30092*



9590 9402 2444 6249 6427 82

## 2. Article Number (Transfer from service label)

7016 0910 0000 1664 5064

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

## A. Signature

X

☐ Agent☐ Addressee

## B. Received by (Printed Name)

*Jackie E. G.*

## C. Date of Delivery

*5-7-18*

D. Is delivery address different from item 1? ☐ Yes  
If YES, enter delivery address below ☐ No  
U.S.D.C. - Newnan

MAY 10 2018

JAMES N. HATTEN, Clerk

By:

## 3. Service Type

Deputy Clerk Mail Express®

☐ Adult Signature☐ Registered Mail™☐ Adult Signature Restricted Delivery☐ Registered Mail Restricted Delivery☒ Certified Mail®☒ Return Receipt for Merchandise☐ Certified Mail Restricted Delivery☐ Collect on Delivery☐ Signature Confirmation™☐ Collect on Delivery Restricted Delivery☐ Insured Mail☐ Signature Confirmation Restricted Delivery☐ Insured Mail Restricted Delivery (over \$500)

Domestic Return Receipt